

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>9-13-05</i>						SERIAL NO. <i>10-634,825</i>		FILING DATE	
						APPLICANT(S)			
CLAIMS						<i>9-13-05</i>			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/		/				51		
2	/		/				52		/
3	/		/				53		/
4	/		/				54		
5	/		/				55		
6	/		/				56		
7	/		/				57		
8	/		/				58		
9	/		/				59		
10	/		/				60		
11	/		/				61		
12	/		/				62		
13	/		/				63		
14	/		/				64		
15	/		/				65		
16	/		/				66		
17	/		/				67		
18	/		/				68		
19	/		/				69		
20	/		/				70		
21	/		/				71		
22	/		/				72		
23	/		/				73		
24	/		/				74		
25	/		/				75		
26	/		/				76		
27	/		/				77		
28	/		/				78		
29	/		/				79		
30	/		/				80		
31	/		/				81		
32	/		/				82		
33	/		/				83		
34	/		/				84		
35	/		/				85		
36	/		/				86		
37	/		/				87		
38	/		/				88		
39	/		/				89		
40	/		/				90		
41	/		/				91		
42	/		/				92		
43	/		/				93		
44	/		/				94		
45	/		/				95		
46	/		/				96		
47	/		/				97		
48	/		/				98		
49	/		/				99		
50	/		/				100		
TOTAL IND.	2						TOTAL IND.	3	
TOTAL DEP.	2		2		2		TOTAL DEP.	48	
TOTAL CLAIMS	4		4		4		TOTAL CLAIMS	51	